

**UNITED STATES DISTRICT COURT  
FOR THE WESTERN DISTRICT OF LOUISIANA  
ALEXANDRIA DIVISION**

**MICHAEL CHAVARRIA and  
RAMIRO CONDE, JR.,  
Plaintiffs**

**v.**

**CATAVOY COTTON GIN, LLC  
And ROGER JOHNSON,  
Defendants.**

**CIVIL ACTION NO. 01:10-CV-01526  
DEFENDANTS RESPONSE TO  
FIRST SET OF REQUESTS FOR  
PRODUCTION**

---

**EXHIBIT “G”**

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

US Dept of Labor  
Southwest Regional Office  
Federal Building  
525 S. Gr. Ave. St., Ste 800  
Dallas, TX 75202

## 2. Article Number

(Transfer from service label)

7006 2150 0002 6197 5261

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X

☐ Agent☐ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

12 MAR 2007

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

## 3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

New Orleans LA District Office  
F. Edward Hebert Building  
600 S. Maestri Place  
New Orleans, LA 70103

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X

☐ Agent☒ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

3/12/07

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

## 3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

## 2. Article Number

(Transfer from service label)

7006 2150 0002 6197 5254

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2150 0002 6197 5261

**U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**DALLAS TX 75202**

Postage	\$ 0.39	0696
Certified Fee	\$2.40	01
Return Receipt Fee (Endorsement Required)	\$1.85	Postmark Here
Registered Delivery Fee (Endorsement Required)	\$0.00	
<b>Total Postage &amp; Fees</b>	<b>\$ 4.64</b>	<b>03/07/2007</b>

Sent To: **US Dept of Labor Southwest Regional Office**  
 Street, Apt. No. or PO Box No. **Federal Buildings**  
 City, State, ZIP+4® **525 S. Griffin St., Ste 800**  
**Dallas, TX 75202**

PS Form 3800, August 2006 See Reverse for Instructions

7006 2150 0002 6197 5254

**U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**NEW ORLEANS LA 70130**

Postage	\$ 0.39	0696
Certified Fee	\$2.40	01
Return Receipt Fee (Endorsement Required)	\$1.85	Postmark Here
Registered Delivery Fee (Endorsement Required)	\$0.00	
<b>Total Postage &amp; Fees</b>	<b>\$ 4.64</b>	<b>03/07/2007</b>

Sent To: **New Orleans LA District Office**  
 Street, Apt. No. or PO Box No. **Edward Hebert Building**  
 City, State, ZIP+4® **600 S. Maestri Place**  
**New Orleans, LA 70103**

PS Form 3800, August 2006 See Reverse for Instructions

REMITTER

~~Catavoy Cotton Gin, LLC.~~



CATAHOULA  
~LaSALLE  
BANK

JONESVILLE, JENA & HARRISONBURG

023224

03-07-2007  
DATE

84-191/1111

PAY TO THE  
ORDER OF

Wage & Hour Division, U. S. Department of Labor

\$ 825.00

Catahoula - LaSalle  
BANK

\$ 825dols 00cts

OFFICIAL CHECK

VOID OVER ~~\$825.00~~ MEMBER FDIC

⑈023224⑈ ⑆111101911⑆ 01 2358 7⑈

**U.S. Department of Labor**

Employment Standards Administration  
Wage and Hour Division  
F Edward Hebert Building  
600 South Maestri Place  
Room 615  
New Orleans, LA 70130  
504-589-6171



February 28, 2007

RETURN RECEIPT REQUESTED: 7001 0320 0004 9682 7463

Mr. Roger Johnson, Manager  
Catavoy Cotton Gin, LLC  
P. O. Box 386  
Jonesville, LA 71343

Subject: Assessment of Civil Money Penalty for MSPA Violations  
against Catavoy Cotton Gin, LLC dba Catavoy Cotton Gin, LLC

Case File No.: 1460230 (2007-260-04565)

Dear Mr. Johnson:

An investigation of your operation under the Migrant and Seasonal Agricultural Worker Protection Act (MSPA) covering the period 07/01/2005 to 11/30/2006 disclosed that you failed to comply with the Act. As a result of these violations and pursuant to Section 503(a) of the Act and 29 CFR Part 500, a civil money penalty is hereby assessed. The specific violation(s) and the amount assessed for the violation(s) is set forth on the attached.

The total civil money penalty assessed is \$825.00.

The amount is due and payable within 30 days to "Wage and Hour Division, U.S. Department of Labor". Payment by certified check or money order should be mailed to Southwest Regional Office, Federal Building, 525 S. Griffin Street, Suite 800, Dallas, TX 75202. The fact that a penalty is being assessed for the MSPA violations found at this time does not preclude the taking of other enforcement action as is deemed appropriate by the Department of Labor, or the additional assessment of a penalty for violations of the MSPA provisions found at some future time.

This debt is subject to the assessment of interest, administrative cost charges and penalties in accordance with the Debt Collection Act of 1982 and departmental policies. Interest will be assessed at the Treasury Tax and loan account rate on any balance outstanding from the date of this notice, accruing from the notice date. This rate is currently 4 %. Administrative cost charges will be assessed to help defray the Government's cost of collecting this debt. A penalty at the rate of 6 % will be assessed on any portion of the debt remaining delinquent for more than 90 days. In order to avoid these charges, forward payment to the Regional Office listed above by the indicated due date.

You have the right to request a hearing on the determination that any or all of the violations occurred. Such request must be in writing; must contain specific reasons why you believe that the violations for which you have been charged did not occur; and must be filed within 30 days from the date of this letter with the Administrator, Wage and Hour Division, Employment Standards Administration, U.S. Department of Labor, in care of the originator of this letter at the address list in the letterhead above.

Procedure for filing a request for a hearing is provided in 29 CFR 500.212. **If a request for a hearing is not received within the time specified, the determination of the Administrator shall become the final and unappealable Order of the Secretary.**

***Working to Improve the Lives of America's Workers***

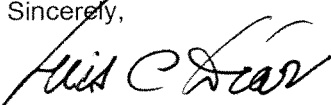
We would like to call to your attention that when a request for a hearing is filed with the Wage and Hour Administrator, the matter is referred to the Chief Administrative Law Judge. A formal hearing is then scheduled for a final determination with respect to the alleged violation(s). At such hearing you may, by yourself or through an attorney retained by you, present such witnesses, introduce such evidence and establish such facts as you believe will support your position.

Copies of the Migrant and Seasonal Agricultural Worker Protection Act and 29 CFR Part 500 are enclosed for your reference and assistance.

Further, we wish to point out that there may be a question as to the deductibility of civil money penalties paid as a business expense under the Internal Revenue Code. In this regard, you may wish to contact the Internal Revenue Service.

If you need additional information, please contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "Barbara J. Hicks".

for  
Barbara J. Hicks  
District Director

Enclosure: Regulations, Part 500  
CMP Computation Worksheet  
Housing Violations

U.S. Department of Labor  
Employment Standards Administration  
Wage and Hour Division  
F Edward Hebert Building  
600 S. Maestri, Room 615  
New Orleans, LA 70130

Case ID: 1460230 (2007-260-04565)  
ACT: MSPA  
EIN: 20-2790070

Trade Name: Catavoy Cotton Gin, LLC  
ER Address: P. O. Box 386  
Jonesville, LA 71343  
Amount Due: \$825.00

**THIS SHEET MUST BE INCLUDED WITH PAYMENT**  
**YOU MUST WRITE YOUR TAX ID ON YOUR CHECK**

MAIL TO:

Southwest Regional Office  
Federal Building  
525 S. Griffin Street, Suite 800  
Dallas, TX 75202

AMOUNT PAID: \$ 825.00

-- Reg

*Copy*  
*mailed 3/7/07*  
*by Certified Mail*

-- Copy --

U.S. Department of Labor  
Employment Standards Administration  
Wage and Hour Division  
F Edward Hebert Building  
600 S. Maestri Place, Room 615  
New Orleans, LA 70130

Case ID: 1460230 (2007-260-04565)  
ACT: MSPA  
EIN: 20-2790070

Trade Name: Catavoy Cotton Gin, LLC  
ER Address: P. O. Box 386  
Jonesville, LA 71343  
Amount Due: \$825.00

YOU MUST RETURN THIS SHEET TO THE ASSESSING OFFICE

MAIL TO:

New Orleans LA District Office  
F Edward Hebert Building  
600 South Maestri Place  
New Orleans, LA 70130

AMOUNT PAID: \$ \_\_\_\_\_

DATE OF PMT: \_\_\_\_\_

CHECK NO. \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

-- District Office Copy --

*Copy*



List of Violations and Amounts Assessed

- |  |          |
|--|----------|
| 1. 01 Fail to disclose conditions to workers   | \$50.00  |
| 2. 09 Fail to pay wages when due               | \$0.00   |
| 3. 11 Fail to post housing conditions          | \$25.00  |
| 4. 12 Fail to ensure housing safety and health | \$250.00 |
| 5. 16 Utilizes services of unregistered FLC    | \$500.00 |

#5. Unregistered FLC  
"\$500 fine"  
"Promissory Contract Adm"  
from Georgia wasn't  
registered in AL.  
used 3 <sup>unregistered</sup> employees from  
their services 5/1/11

## MSPA CMP Computation Summary Sheet

U.S. Department of Labor  
Employment Standards Administration  
Wage And Hour Division



Establishment *Catavoy Cotton Gin, LLC* *Catavoy Cotton Gin, LLC*  
Address *P. O. Box 386* *116 Delta Gin Road*  
*Jonesville* *LA* *71343*  
NAIC *115111* Total Employees *36* Case ID *1460230*  
Investigator *Joseph Sumrall*

Violation	Standard/Severity	Amount Recommended
-----------	-------------------	--------------------

<b>Catavoy Gin Housing - Trailer 1 &amp; 2</b>		
--	--	--

Beds, cots or bunks less than 3' apart, and/or less than 12" <i>Matresses on bare floor. No bed frames.</i>	Marginal	\$0.00
--	----------	--------

Electric service available but not supplied to each habitabl <i>Overhead light fixture hanging down from ceiling in kitchen exposing electrical wiring. No light in bathroom.</i>	Serious/Corrected	\$250.00
--	-------------------	----------

No refuse containers (insect and rodent-proof) provided (29 <i>No trash receptacles in kitchen or outside the facility. Trash kept in open trash bags.</i>	Marginal	\$0.00
---	----------	--------

Grounds and open areas not maintained in a clean and sanitar <i>Open trash bags laying around premises. No trash containers.</i>	Marginal	\$0.00
---	----------	--------

SubTotal for This Site: \$250.00

Total: \$250.00

Investigator Signature:

Date:

12/21/06

ADD/DD Reviewer

Date:

02/13/2007

**CATAVOY COTTON GIN, LLC**

P.O. BOX 386  
JONESVILLE, LA 71343

CATAHOULA  
-LaSALLE  
BANK  
JONESVILLE/ENA & HARRISONBURG  
84-191/1111

3/6/2007

PAY TO THE  
ORDER OF Catahoula-LaSalle Bank

\$\*\*830.00

Eight Hundred Thirty and 00/100\*\*\*\*\* DOLLARS

Catahoula-LaSalle Bank  
301 Mound Street  
PO Box 68  
Jonesville, LA 71343

MEMO

*John L. Bryant*  
AUTHORIZED SIGNATURE

⑈003001⑈ ⑆111101911⑆ 01 2703 5⑈

**CATAVOY COTTON GIN, LLC**

Catahoula-LaSalle Bank

3/6/2007

003001

830.00

Catahoula-LaSalle B

830.00

**CATAVOY COTTON GIN, LLC**

Catahoula-LaSalle Bank

3/6/2007

003001

830.00

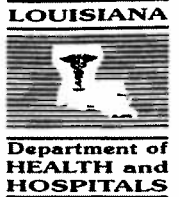
Catahoula-LaSalle B

830.00

LHS-45 (REV. 4/96)



STATE OF LOUISIANA  
DEPARTMENT OF HEALTH AND HOSPITALS  
OFFICE OF PUBLIC HEALTH – Sanitarian Services

**INSPECTION OF DAY CARE / RESIDENTIAL FACILITY**

PLEASE PRINT OR TYPE

FACILITY NAME <i>CATAVOY Cotton Gin</i>				[ ] DAY CARE [ ] RESIDENTIAL	
ADDRESS <i>237, 239 Delta Gin Rd</i>		CITY <i>Jonesville LA</i>	STATE <i>LA</i>	ZIP <i>71343</i>	PHONE ( )
OWNER / OPERATOR <i>CATAVOY Gin</i>			LICENSE ANNIVERSARY <i>N/A</i>	LICENSE NO. <i>N/A</i>	
FOOD SERVICE PERMIT NO.			NO. LICENSED FOR <i>N/A</i>	NO. IN ATTENDANCE AT TIME OF INSPECTION <i>0</i>	

The above named establishment was inspected on this date and the operator's attention is directed to the items below that are marked with **X**

ITEM	REMARKS / RECOMMENDATIONS
1. Food Service Permit	
2. Written Policies <b>21:010</b>	
3. Staff Training <b>21:010-9</b>	
4. Building Condition & Repair <b>Chapt. XVII</b>	<b>X</b> <i>Flooring in hallway loose.</i>
5. Lead Poisoning <b>Chapt. IV</b>	
6. Water Supply <b>Chapt. XII</b>	
7. Sewage Disposal <b>Chapt. XIII</b>	
8. Plumbing <b>Chapt. XIV &amp; 21:003-5</b>	
9. Toilet Training Chairs <b>21:004</b>	
10. Heating / Cooling, Ventilation <b>21:005</b>	
11. Lighting <b>21:006</b>	
12. Bedding <b>21:007</b>	
13. Food Preparation <b>21:008, 21:017</b>	
14. Milk <b>21:009</b>	
15. Infection & Disease Control <b>21:010</b>	
16. Cleaning & Disinfection <b>21:011</b>	
17. Coat Hooks / Cubicles <b>21:012</b>	
18. Hazardous Materials / Conditions <b>21:013</b>	
19. Insect / Rodent Proofing <b>21:014, :015</b>	
20. Isolation Area <b>21:016</b>	
21. Infant Area <b>21:018</b>	
22. Diapering Area <b>21:019</b>	
23. Outdoor Play Area <b>21:020</b>	
24. Swimming / Wading Pools <b>21:021</b>	

Owner / Operator is aware of employee, patient, and client health requirements of the State Sanitary Code, Chapter I, §1:008 and Chapter II, §2:007, 2:022-2:028 and certifies that this facility is in compliance.

*[Signature]*  
SIGNATURE OF OWNER / OPERATOR

**INTERIM RECOMMENDATIONS** (Recommendation final ONLY if Form LHS 48 attached.)

License Renewal: \_\_\_\_\_ Recommended

\_\_\_\_\_ NOT Recommended, REINSPECTION SCHEDULED FOR \_\_\_\_\_ DATE

*[Signature]*  
SANITARIAN

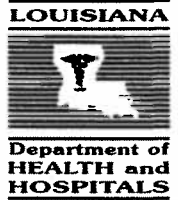
*1396*

*8.29.08*

DATE



STATE OF LOUISIANA  
DEPARTMENT OF HEALTH AND HOSPITALS  
OFFICE OF PUBLIC HEALTH – Sanitarian Services



**INSPECTION OF DAY CARE / RESIDENTIAL FACILITY**

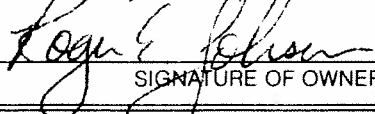
PLEASE PRINT OR TYPE

FACILITY NAME <b>CATAVOY Cotton Gin</b>				<input type="checkbox"/> DAY CARE <input type="checkbox"/> RESIDENTIAL	
ADDRESS <b>1202 Delta Gin Rd</b>		CITY <b>Jonesville LA</b>	STATE <b>LA</b>	ZIP <b>71343</b>	PHONE <b>229 308</b>
OWNER / OPERATOR <b>Roger Johnson</b>			LICENSE ANNIVERSARY <b>—</b>		LICENSE NO. <b>0216</b>
FOOD SERVICE PERMIT NO. <b>N/A</b>			NO. LICENSED FOR <b>—</b>		NO. IN ATTENDANCE AT TIME OF INSPECTION <b>—</b>

The above named establishment was inspected on this date and the operator's attention is directed to the items below that are marked with **X**

ITEM	REMARKS / RECOMMENDATIONS
1. Food Service Permit	(NUMBER REMARKS TO CORRESPOND WITH CHECKLIST ITEM NUMBERS.)
2. Written Policies 21:010	
3. Staff Training 21:010-9	
4. Building Condition & Repair Chapt. XVII	No 911 sign
5. Lead Poisoning Chapt. IV	
6. Water Supply Chapt. XII	more beds on the way
7. Sewage Disposal Chapt. XIII	
8. Plumbing Chapt. XIV & 21:003-5	washer & dryer will be outside
9. Toilet Training Chairs 21:004	under lean-to roof to be built
10. Heating / Cooling, Ventilation 21:005	
11. Lighting 21:006	
12. Bedding 21:007	
13. Food Preparation 21:008, 21:017	
14. Milk 21:009	
15. Infection & Disease Control 21:010	
16. Cleaning & Disinfection 21:011	
17. Coat Hooks / Cubicles 21:012	
18. Hazardous Materials / Conditions 21:013	
19. Insect / Rodent Proofing 21:014, :015	
20. Isolation Area 21:016	
21. Infant Area 21:018	
22. Diapering Area 21:019	
23. Outdoor Play Area 21:020	
24. Swimming / Wading Pools 21:021	

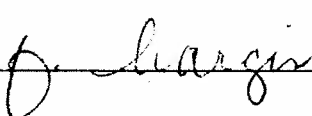
Owner / Operator is aware of employee, patient, and client health requirements of the State Sanitary Code, Chapter I, §1:008 and Chapter II, §2:007, 2:022-2:028 and certifies that this facility is in compliance.

  
SIGNATURE OF OWNER / OPERATOR

**INTERIM RECOMMENDATIONS** (Recommendation final ONLY if Form LHS 48 attached.)

License Renewal: \_\_\_\_\_ Recommended

\_\_\_\_\_ NOT Recommended, REINSPECTION SCHEDULED FOR \_\_\_\_\_ DATE



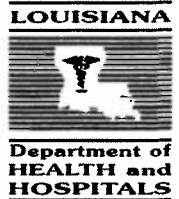
SANITARIAN

1 3 4 6

8.23.07  
DATE



STATE OF LOUISIANA  
DEPARTMENT OF HEALTH AND HOSPITALS  
OFFICE OF PUBLIC HEALTH – Sanitarian Services



# INSPECTION OF DAY CARE / RESIDENTIAL FACILITY

PLEASE PRINT OR TYPE

FACILITY NAME <i>Cathey Cotton Gin</i>				[ ] DAY CARE [ ] RESIDENTIAL	
ADDRESS <i>1202 Delta Gin Rd</i>		CITY <i>Jonesville</i>	STATE <i>LA</i>	ZIP <i>71343</i>	PHONE <i>(225) 111-0016</i>
OWNER / OPERATOR <i>Dogey Johnson</i>			LICENSE ANNIVERSARY ---		LICENSE NO. ---
FOOD SERVICE PERMIT NO. ---			NO. LICENSED FOR ---		NO. IN ATTENDANCE AT TIME OF INSPECTION ---

The above named establishment was inspected on this date and the operator's attention is directed to the items below that are marked with **X**

ITEM	REMARKS / RECOMMENDATIONS
1. Food Service Permit	(NUMBER REMARKS TO CORRESPOND WITH CHECKLIST ITEM NUMBERS.)
2. Written Policies <b>21:010</b>	
3. Staff Training <b>21:010-9</b>	
4. Building Condition & Repair <b>Chapt. XVII</b>	
5. Lead Poisoning <b>Chapt. IV</b>	
6. Water Supply <b>Chapt. XII</b>	
7. Sewage Disposal <b>Chapt. XIII</b>	
8. Plumbing <b>Chapt. XIV &amp; 21:003-5</b>	
9. Toilet Training Chairs <b>21:004</b>	
10. Heating / Cooling, Ventilation <b>21:005</b>	
11. Lighting <b>21:006</b>	
12. Bedding <b>21:007</b>	
13. Food Preparation <b>21:008, 21:017</b>	
14. Milk <b>21:009</b>	
15. Infection & Disease Control <b>21:010</b>	
16. Cleaning & Disinfection <b>21:011</b>	
17. Coat Hooks / Cubicles <b>21:012</b>	
18. Hazardous Materials / Conditions <b>21:013</b>	
19. Insect / Rodent Proofing <b>21:014, :015</b>	
20. Isolation Area <b>21:016</b>	
21. Infant Area <b>21:018</b>	
22. Diapering Area <b>21:019</b>	
23. Outdoor Play Area <b>21:020</b>	
24. Swimming / Wading Pools <b>21:021</b>	

237, 239  
6 people housed in each  
Trailer  
Seasonal workers

Owner / Operator is aware of employee, patient, and client health requirements of the State Sanitary Code, Chapter I, §1:008 and Chapter II, §2:007, 2:022-2:028 and certifies that this facility is in compliance.

*Dogey Johnson*  
SIGNATURE OF OWNER / OPERATOR

## INTERIM RECOMMENDATIONS (Recommendation final ONLY if Form LHS 48 attached.)

License Renewal: \_\_\_\_\_ Recommended

\_\_\_\_\_ NOT Recommended, REINSPECTION SCHEDULED FOR \_\_\_\_\_ DATE

*[Signature]*  
SANITARIAN

1516

*7-1-17*  
DATE